# **Personal Financial Statement**



### **Clarence Campeau Development Fund**

Find us online at www.clarencecampeau.com

Name of Applicant:			
Contact Information:			
Mailing Address:			
City / Town:	Postal Code:		
Business Phone:	How long at Address: Years / Months Email:		
Personal Information:			
Date of Birth: Year / Month / Day	Social Insurance Number:		
Saskatchewan Health Card Number:	Saskatchewan Driver's License Number:		
Employment Information:			
Occupation:	Unmarried Married Common Law		
Current Employer:			
How long with Employer:	Number of Dependents:		
Years / Month	IS		

Income Taxes			
Last Year Filed:			
Do you owe any taxes prior of the current y	ear?	WCB Number, if applicable:	
Yes No If yes, Amount Owing: _			
<b>Personal Information on Spouse</b> Under the laws of Canada, or the Province your spouse may have a an interest in your personal assets.	n legal interest or obligation arising	g from your business dealings and may also have	
Name:	Employer & Occupa	tion:	
Date of Birth:	How Long with Emp	loyer:	
SIN:	Work Phone:		
<b>Additional Information</b> Have you, or any business that you own or have previously owned, received financial assistance from the Government of Canada (including the Métis Assistance Program). If yes, please describe.			
Are you applying to any other government program describe.	s for financial assistance fo	r this project? If yes, please	
Do you, or your business, owe money to the Govern or agency and list amount(s).	ment of Canada? If yes, ple	ease indicate to which department	
Have you already made any financial commitments costs for which you have made a legal commitment Entrepreneur Equity Program.			

### ASSETS (List & Describe)

LIABILITIES (List & Describe)

Total Chequing	\$	Balance Owing	Monthly Payment
Total Savings	Bank Loans	\$	
Vehicles	Mortgage		
Investments	Monthly Rent		
Home Value	Credit Cards		
Retirement Accounts	Other Obligations		
Other Assets Specify	Total Liabilities (B)	\$	
Total Assets (A)	\$ <u>Net Worth</u> A - B	\$	

## Personal Financial Institution:

Contact:		
Address:		
Phone:	Fax:	Email:
Income Sources		
Your Gross Monthly Salary		Are you providing personal support for obligations not listed above (ie. co-signer, endorser, guarantor)?
Spouse Gross Monthly Salary		Yes No
Net Monthly Rental Income		If yes, please provide details below:
Other Income		
Total Income	\$	

How did you hear about us?		
General Information	Yes	Νο
Have you ever had an asset repossessed?		
Have you ever declared bankruptcy/consumer proposal?		If yes, year:
Do you owe any taxes prior to the current year?		
Is any litigation or proceeding involving you or the applicant now in course of pending before any court, government board tribunal or agency?		
Details:		

### Personal References (Name & Addresses of 2 Relatives Not Living with Applicant)

Name:		
Address:		
Phone Number:		
Relationship:	Occupation:	
Name:		
Address:		
Phone Number:		
Relationship:	Occupation:	

#### Declaration

The undersigned declare that the statements made herein are for the purpose of obtaining business financing and are to the best of my knowledge true and correct. The applicant consents to the Clarence Campeau Development Fund making any inquiries it deems necessary to reach a decision on this application, and consents to the disclosure at any time of any credit information about me to any credit reporting agency or to anyone with whom I have financial relations.

I consent to the Métis Entrepreneur Equity Program sharing my account information with third party service providers (who are required to safeguard the handling of this information under the Personal Information Protection and Electronic Documents Act (PIPEDA) and/or the Privacy Act for statistical, research and evaluation purposes for the Métis Entrepreneur Equity Program.

I hereby declare I am of Métis ancestry	Yes	No	
Date:			